

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004709

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Registration District No. 923 Primary Registration District No. 4480 Registrar's No. 2 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Greentop		Length of stay in 1b <u> </u>	c. CITY OR TOWN Queen City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Queen City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Bessie Middle Robbins Last Robbins			4. DATE OF DEATH Feb. 2, 1960 Month Day Year		
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Schuyler Co. Mo	12. CITIZEN OF WHAT COUNTRY U.S. A.
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13a. FATHER'S NAME Thomas Vittetoe	13b. MOTHER'S MAIDEN NAME Ella Miller	14. NAME OF HUSBAND OR WIFE Georgia M. Robbins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Myrtle Robbins, Queen City, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Calgestin Heart failure	2 years
	DUE TO (c) Severe Generalized Arteriosclerosis	10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Generalized Arthritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 8/23/50 to 2/2/60 and last saw her alive on 1/29/60 Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Deceased or title) Edward M. Roberts, M.D.	22b. ADDRESS Queen City, Mo.	22c. DATE SIGNED 2/4/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2/3/60	23c. NAME OF CEMETERY OR CREMATORY Queen City	23d. LOCATION (City, town, or county) (State) Queen City Mo.
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24. FUNERAL DIRECTOR Parsons ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 2-4-1960	26. REGISTRAR'S SIGNATURE Spurs. B. J. Drake
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard R. Ellis

Licensed Embalmer No. 5036

P. O. Address Keokuk, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.